

2004 Medical Options Comparison

State of Tennessee Group Insurance Program

State and Local Education Plan Participants

The benefits listed below are a summary of some common benefit categories. Please refer to vendor member handbooks for complete information on coverage, limitations and exclusions.

| BENEFIT | PPO OPTION | | POS OPTION | | HMO OPTION |
|--|---|---|--|---|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Annual Deductible* | \$300 per individual; \$750 family* | | None | \$300 per individual; \$750 family | None |
| Pre-Existing Condition Requirement | 6 months if no immediately prior coverage | | 6 months if no immediately prior coverage | | None |
| Physician Office Visit | 90% of MAC | 70% of MAC | \$20 copay PCP***; \$25 copay specialist | 70% of MAC after deductible | \$15 copay PCP; \$20 copay specialist |
| Hospital Care | 90% of MAC | 70% of MAC | \$100 per admission | \$300 per admission then 70% per diem after deductible | \$100 per admission |
| Prescription Drug Coinsurance/Copay*** | \$5 for generic; \$20 preferred brand; \$40 non-preferred brand ** | \$5 for generic; \$20 preferred brand; \$40 non-preferred brand + MAC ** | \$5 for generic; \$20 preferred brand; \$40 non-preferred brand ** | 70% of MAC after deductible | \$5 for generic; \$20 preferred brand; \$40 non-preferred brand ** |
| Maternity | 90% of MAC | 70% of MAC | \$20 copay per visit, \$260 maximum; \$100 copay per hospital admission | \$300 copay then 70% per diem after deductible | \$15 copay OB, first visit only; \$20 copay specialist; \$100 hospital admission |
| Preventive Health Assessment and Immunizations | 90% of MAC; Immunizations covered through age 5; Maximum of 12 visits | 70% of MAC; Immunizations covered through age 5; Maximum of 12 visits | 100% benefit; Immunizations covered through age 5; Maximum of 12 visits | Not covered | \$15 copay PCP; \$20 copay specialist; Immunizations covered up to age 17 |
| Emergency Care | \$25 copay (waived if admitted) 90% of MAC | \$25 copay (waived if admitted) 70% of MAC | \$50 copay per visit (waived if admitted) | \$50 copay per visit then 70% of MAC after deductible (copay waived if admitted) | \$50 copay per visit (waived if admitted) |
| Chiropractic Care | 90% of MAC Maintenance visits not covered when no additional progress is apparent or expected to occur | 70% of MAC Maintenance visits not covered when no additional progress is apparent or expected to occur | \$20 copay (Middle and West only, POS East does not have this benefit) | 70% of MAC after deductible (Middle and West only, POS East does not have this benefit) | Not covered |
| Ambulance Service — Air and Ground | 80% of reasonable charges when deemed medically necessary by claims administrator | | 100% of reasonable charges when deemed medically necessary by claims administrator | | 100% of reasonable charges when deemed medically necessary by claims administrator |
| Lab and X-Ray | 90% of MAC | 70% of MAC | 100% benefit | 70% of MAC after deductible | 100% benefit |
| Physical, Speech and Occupational Therapy | 90% of MAC; Some limitations may apply | 70% of MAC; Some limitations may apply | \$20 copay per visit; Limited to 45 visits per year per condition | 70% of MAC; Limited to 45 visits per year per condition after deductible | \$15 copay per visit; Limited to 45 visits per year per condition |
| Mental Health Inpatient* | 90% if referred; Limited to 45 days per year | 70% if self-referred; Limited to 45 days per year | \$100 copay per admission; Limited to 30 days per year | Not covered | \$100 copay per admission; Limited to 30 days per year |
| Substance Abuse Inpatient* | 90% if referred; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays | 70% if self-referred; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays | \$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays | Not covered | \$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay |
| Mental Health/Substance Abuse Outpatient* | Referred: Sessions 1-15: \$5 copay/session Sessions 16-45: \$25 copay/session | Self-Referred: Sessions 1-15: \$40 copay/session Sessions 16-45: \$100 copay/session | \$25 copay per session; Limited to 45 sessions mental health and substance abuse combined, must be preauthorized | Not covered | \$20 copay per session; Limited to 45 sessions mental health and substance abuse combined, must be preauthorized |
| Annual Out-of-Pocket Maximums (excludes mental health and substance abuse) | \$1,300 per individual; \$2,600 family | \$3,900 per individual; \$7,800 family | None | | None |
| Annual Pharmacy Copay Maximum | \$1,000 per individual** | | None | | None |

MAC — Maximum Allowable Charge.

* Separate \$150 deductible for mental health/substance abuse care required under the PPO; POS and PPO mental health and substance abuse benefits must be pre-authorized and referred by United Behavioral Health to be reimbursable at the highest level.

** Does not apply to annual medical deductible or the annual medical out-of-pocket, if applicable. If cost of prescription is less than the copay, the lesser amount will apply. Home delivery available for extended prescriptions written for 90-102 days (as authorized by the claims administrator) for one copay.

*** A PCP designation in no longer required for POS Middle and West. The \$20 copay will apply when using any in-network pediatric, family practice, general practice, internal medicine or OB-GYN physician.